## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10826462

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	
			(Column 1)		(Colu	(Column 2)		TYPE [		OR	SMALL	ENTITY
TOTAL CLAIMS			14					RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS					•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM P	ESENT					+145=		OR	+290=	-
* If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2			ı	TOTAL	2885	OR	TOTAL	
CLAIMS AS AMENDED - PART II									<del>- 5</del>		OTHER	THAN
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	•
	Independent	*	Minus	***	0.494	-		X43=		OR	X86=	
Ľ.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
			TOTAL		OR	TOTAL ADDIT. FEE						
ADDIT. FEE ADDIT. (Column 1) (Column 2) (Column 3)												
_		CLAIMS		HIGH	EST		l r		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·
١MΕ	Independent	*	Minus	***		= .		X43=		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									٠ ا		
		L	+145=		OR	+290=						
		•	A	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE					
		(Column 1)				•			·			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
**	f the "Highest Nur	mber Previously Pa	id For IN THIS	S SPACE is	less than	n 20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	
		mber Previously Pa ber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.	